

AS-BUILT FORM



All septic system inspections are to be requested through Oregon's ePermitting system at <https://aca-oregon.accela.com/oregon/Default.aspx> or by phone at 1-888-299-2821. Use the site specific permit number when calling. Complete and submit this form to a Deschutes County Community Development Department (CDD) office prior to the *pre-cover* inspection. Incomplete or inaccurate forms may not be approved. Once a complete and accurate form is submitted and an inspection is scheduled Deschutes County has seven days to complete the inspection. Use the space below for the As-Built drawing and complete the Materials Listing section and Installer Info section on backside of this form. This form can be emailed or uploaded directly to the permit via <https://aca-oregon.accela.com/oregon/Default.aspx>:

Email: onsite@deschutes.org
Address: 117 NW Lafayette Avenue | PO Box 6005, Bend, OR 97708

SEPTIC PERMIT # _____ INSTALLER PHONE # _____
PERMIT JOB ADDRESS _____

AS-BUILT DRAWING

Show at LEAST the following: North arrow, all system major components (see back side of this form for major components), proposed & existing adjacent structures/driveways/utility lines, future replacement area(s) as shown on approved plot plan, and lengths of drainlines & effluent transport sewers. Show distances between system components and to wells, structures/driveways/utility lines, and nearest property lines & bodies of waters-- if within 150' of initial and reserve system areas. *Note existing septic system components such as tanks, drainfields, etc. as "existing".*

Permit #:

Construction By:

 Property owner; **or** Licensed D.E.Q. Installer**DEQ INSTALLERS COMPLETE THIS SECTION:**

Business Name: _____

DEQ License #: _____

DEQ Certification # of Signee: _____

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and rules regulating the construction of onsite sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

Name: _____

PRINT

SIGNATURE

DATE SIGNED

MATERIALS LISTING SECTION: List only products installed for this job

Tank	Septic Tank _____ Gallons	Manufacturer: _____
	Dosing Septic Tank _____ Gallons	Manufacturer: _____
	(Two Compartment)	<input type="checkbox"/> Flow-Thru <i>or</i> <input type="checkbox"/> Baffled (up & over sanitary tee)
	Dosing Tank _____ Gallons	Manufacturer: _____
	Effluent Filter # of: _____	Manufacturer: _____ Model #: _____
Drainfield Media	Drain Rock _____ Yrds	Supplier: _____
	Perf Pipe _____ FT	Supplier: _____ Diameter: _____ inches
		ASTM #: _____
	Filter Fabric _____ FT	Manufacturer: _____ Fabric Type: _____
	Check One: <input type="checkbox"/> Infiltrator (4' chambers) <input type="checkbox"/> HanCor Arc 18 (5' chambers) <input type="checkbox"/> BioDifuser (7'2" chambers)	
	# of Chambers: _____	Supplier: _____
	Wire Mesh _____ FT	Mesh Supplier: _____
	EZ Flow _____ FT	Supplier: _____
		<input type="checkbox"/> Model 1201P (Single cylinder installation in each drainline); <i>or</i>
	Filter Fabric (If not "stitched" onto cylinders by manufacturer) _____ FT	<input type="checkbox"/> Model 1202P (2 side-by-side cylinders installed in each drainline)
		Manufacturer: _____ Type: _____
Effluent Sewer	Effluent Sewer Pipe _____ FT	Supplier: _____ ASTM #: _____
	(Gravity or Pressurized)	Diameter: _____ inches
	Tracer Wire (Min. 18 gauge, _____ FT	
	Switching Valve # of: _____	Manufacturer: _____ Model #: _____
	Spring Check Valve # of: _____	Manufacturer: _____ Model #: _____
Boxes & Piping	Drop Boxes # of: _____	Manufacturer: _____ Supplier: _____
	Distribution Boxes # of: _____	<input type="checkbox"/> Concrete <i>or</i> <input type="checkbox"/> Poly
	Overflow & Header Piping _____ FT	ASTM #: _____ Diameter: _____ inches
Pumps	Pump Packages # of: _____	Manufacturer: _____ Model #: _____
		Supplier: _____
	Dosing Timer # of: _____	Manufacturer: _____ Model #: _____
	Control Box # of: _____	Manufacturer: _____ Model #: _____
	Swing Check Valve # of: _____	Manufacturer: _____ Model #: _____
	Anti-Siphon Valve # of: _____	Manufacturer: _____ Model #: _____
ATT/P.D./Capping Fill	Capping Fill Drainfield Material _____ Yrds	Supplier: _____
		Supplier: _____ ASTM #: _____
	Pressurized Drainline Piping _____ FT	Diameter: _____ inches
	ATT Unit # of units: _____	Manufacturer: _____ Make/Model #s: _____
		Supplier: _____
Sand Filter	Dimensions _____ FTxFT	Sidewall Material: <input type="checkbox"/> 3/4" OSB (all edges sealed) <input type="checkbox"/> 3/4" Plywood <input type="checkbox"/> Designed by Prof. Engineer
	Filter Fabric _____ Sq. FT	Manufacturer: _____
	Liner Size: _____	Manufacturer: _____ Model #: _____
	DEQ Pea Gravel _____ Yrds	Supplier: _____
	DEQ Sand Media _____ Yrds	Supplier: _____
	Pressurized Laterals _____ FT	Pipe Supplier: _____ ASTM #: _____
	Orifice Spacing _____ FT	Pipe Diameter: _____ inches